

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



1 File Number U <input type="text"/> 4062	2 Fiscal Year Covered From <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3 Name and address of person filing Name <input type="text"/> Todd <input type="text"/> M <input type="text"/> Dotson P.O. Box Bldg Room No. if any <input type="text"/> Street <input type="text"/> 114 Country Lake Drive City <input type="text"/> Pekin State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 61554	4 Name, file number, and address of labor organization Name <input type="text"/> Painters District Council #30 Labor Organization File Number <input type="text"/> 002 455 P.O. Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 3813 Illinois Avenue City <input type="text"/> St. Charles State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60174
5 Position in labor organization <input type="text"/> Organizer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P.O. Box Bldg Room No. if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest, Transaction or Income <input type="text"/> none 7 b Amount <input type="text"/> \$0
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Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Todd M. Dotson

On

08/15/2005

Date

309-925-7802

Telephone Number

Name of Person Filing Todd Dotson	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Labor Management Cooperative Initiative Trade Name if any P O Box Bldg Room No if any Street 1750 New York Avenue City Washington DC State District of Columbia ZIP Code + 4 20006	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing \$0 12 a Nature of interest held or income received Labor Management Cooperative Initiative PDCA Reimbursement 12 b Amount \$433

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Northern Illinois Painting & Decorating Inst Trade Name if any P O Box Bldg Room No if any Street 1991 W Downer Place City Aurora State Illinois ZIP Code + 4 60506	14 a Nature of payment one (1) labor_management dinner
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. \$65

Name of Person Filing Todd Dotson	File Number U
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Part B Continuation Page

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